



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #122254 and #122253

Review Dates: November 3rd & 4th, 2015

Table of Contents

Section One: Site Monitoring Report.....	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Child, Youth and Family Mental Health.....	9
Adult Mental Health.....	12
Substance Abuse Prevention	14
Substance Abuse Treatment	17
Section Two: Report Information	21
Background	22
Signature Page.....	25

Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on November 4th & 5th 2015. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	18 - 19

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on November 4th, 2015 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Kimball & Roberts completed an independent audit of Central Utah Counseling Center for the year ending June 30th, 2015. The auditors issued an unqualified opinion in the Independent Auditor's Report dated October 29th, 2015. The auditors reviewed the Center's compliance with general state requirements, according to the State Compliance Audit Guide. One finding was listed in the Report on Compliance with General State Compliance Requirements:

Government Records Access Management Act – Designated Records Officer and Annual Training: We noted that the Center has not appointed a records officer to work with State Archives and to complete the annual online training course provided by State Archives on the requirements of GRAMA. We recommend that the Center appoint a records officer to work with State Archives and to complete the annual online training course provided by State Archives on the requirements of GRAMA.

The Center stated that they are working on appointing a records officer to complete the online training and meet the GRAMA requirements.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) CUCC's client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." Although it is noted that CUCC's total cost per client is below the State average, their costs have increased 26.9% going from \$2,006 per client in FY13 to \$2,545 in FY14.

This finding has been resolved.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

None

FY16 Recommendations:

None

FY16 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth & Families team conducted its annual monitoring review at Central Utah Counseling Center on November 3rd & 4th, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback gathered from families through questionnaires. During the visit, the monitoring team reviewed the Fiscal Year 2015 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

No findings were issued in FY15.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) *Objectives*: Recovery Plan objectives are difficult to achieve and remained stagnant during treatment. Within the charts reviewed, there were Recovery Plans with old objectives which had shown minimal progress or review; multiple charts had over eight active objectives, with one chart having 25 separate objectives; and one chart did not have any objectives, with clinical notes being recorded under barriers. The Division Directives state, "objectives are measureable, achievable and within a timeframe."
- 2) *Youth Outcome Questionnaires*: CUCC is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQs were administered approximately four times during the past calendar year, or once every three months. The Division Directives state "DSAMH will require that the OQ/YOQ

be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).”

- 3) *Juvenile Civil Commitment*: CUCC is missing the “Notice of Discharge from Commitment” form for the children and youth who have been discharged from civil commitment. For one child, the “Petition for Commitment” and the “Commitment of Physical Custody” were completed by the same clinician, even though they must be completed by separate parties. Civil Commitment Paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children’s civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY16 Recommendations:

- 1) *Case Management and Respite Services*: CUCC is encouraged to further evaluate, and as need is determined, seek more opportunities to expand services for Case Management and Respite to continue to meet the needs of the children/youth in the catchment area. For FY15, CUCC had rates of 6.3% for Case Management and 3.4% for Respite, while the rural averages are 25.8% for Case Management and 8.2% for Respite.
- 2) *Access to Services*: Access to children and youth services in Wayne and Piute Counties is limited. In FY15, there were three children who received services in Wayne County and five who received services in Piute County, based on data from the Substance Abuse and Mental Health Information System (SAMHIS). It was reported through partnering agencies that there is a higher need for services to be provided for children and youth in the smaller counties. It is recommended that CUCC increase access to services for children and youth in these areas.

FY16 Division Comments:

- 1) *Family Feedback*: The Utah Family Coalition (UFC) collected feedback from 22 families who completed the UFC survey. Families report that the staff at CUCC are caring, positive, and they work hard to provide help. All families report that the time in between appointments is satisfactory. Seventeen of the families report that they are included and valued in the treatment planning process.
- 2) *Family Resource Facilitation and Wraparound*: CUCC is providing Wraparound to fidelity as defined by the UFC. CUCC continues to support and promote family involvement. The Family Resource Facilitators (FRFs) have partnered with community resources, schools, and other agencies to improve supports for the children, youth, and families they serve. CUCC currently employs five separate FRFs, whom all have full caseloads and are valued by CUCC and the community partners. It is recommended that CUCC train clinical staff on the Strengths, Needs, and Cultural Discovery, where it is located in the electronic medical record, and how it is used by FRFs.
- 3) *Afterschool Groups*: CUCC provides multiple afterschool groups for children and youth, including groups for preschool, elementary, and middle school aged children and youth. The

groups are also run during the summer, and opportunities for various outings are available to the children and youth.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on November 4th and 5th, 2015. The monitoring team consisted of Pam Bennett, Program Administrator and LeAnne Huff, Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. During this monitoring visit charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. Visits were conducted in the Sevier County Jail, Richfield day treatment and outpatient services. During the discussions, the site visit team reviewed the Fiscal Year 2015 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires; Division Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

FY15 Deficiencies:

- 1) *Assessment Documentation:* A review of the charts revealed that four of ten charts did not have an assessment or an assessment update. It was reported that the clients involved may have older assessments that are in an earlier electronic medical record. Division Directives require that assessment information be available and kept current.

Initial assessment information continues to be housed in an older electronic system and must be downloaded separately. However, medication management notes contained all required data and DSAMH appreciates CUCC's efforts to move to a practice of ongoing assessment.

This finding has been resolved.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) *Treatment Documentation:* CUCC should consider training for staff, so that charts reflect what happens during the session in more detail (more than one or two sentences). Six of nine charts did not include the client's response to the intervention or a plan, as would be seen in a Situation, Intervention and Plan (SIP) note. Without adequate documentation, it is not

possible to determine if treatment is individualized and adjusted according to feedback and concerns of the client, as required by Division Directives. This was a recommendation in FY15.

- 2) *Adult Peer Support Services:* DSAMH encourages CUCC to expand the use of their Adult Peer Support Services provided by Certified Peer Support Specialists. The current Peer Support Specialist continues to work approximately four hours per week, the hours could be increased to expand this opportunity for more individuals. CUCC is also encouraged to consider having Adult Certified Peer Support Specialists in other areas of the Local Mental Health Authority (LMHA), particularly during transitions from a higher level of care. This was a recommendation in FY15.

FY15 Recommendations:

- 1) *Documentation:* Division Directives state that the objectives should be “behavioral changes that are measurable, short-term and tied to the goals.” Eight of nine charts reviewed did not include measurable objectives (i.e. “increase insight”, “reduction of psychotic symptoms”). The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress. One method to develop measurable goals and objectives is to utilize the **SMART** method, *Specific, Measurable, Assignable, Realistic, and Time related*. In addition, one chart (#3704) for a client on commitment (danger to others) did not have a safety plan.

FY15 Division Comments:

- 1) *Wellness/Holistic Approach:* CUCC is commended for a holistic approach to wellness. In addition to mental health goals, charts reviewed included objectives related to physical health and an emphasis on exercise and healthy activities.
- 2) *Suicide Prevention:* CUCC has made a commitment to the administration of the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS is administered during assessment and is easily accessed through the electronic medical record.
- 3) *Program Participant Feedback:* All participants in a psychosocial rehabilitation group reported that they had worked with a treatment provider to create their treatment plans, and that the plans included their own treatment goals. All stated that they felt they were making progress toward their goals. Participants indicated an overall level of satisfaction and positive interactions with CUCC staff.
- 4) *Access to Services:* An access test was completed by phone to CUCC offices in Delta and Ephraim. Availability for a full assessment for Medicaid clients ranged from 3-10 days with immediate availability for crisis appointments. Clients without Medicaid funding are triaged prior to scheduling, potentially being redirected to other service providers.
- 5) *Peer Services Documentation:* Peer services documentation was reviewed and technical assistance was given. DSAMH appreciates the efforts made by the Adult Peer Support Specialist at CUCC, and encourages Peer Support Specialists to continue to share their lived experience and recovery story to promote recovery and wellness.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Central Utah Counseling Center on November 3rd, 2015. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2015 Audit

FY15 Deficiencies:

- 1) No Eliminating Alcohol Sales to Youth (EASY) compliance checks occurred in FY14. CUCC continues to offer training to the communities, but no checks have been completed

This deficiency has not been resolved and is continued in FY16; see Deficiency #1.

- 2) Per the Division Directives, it is a goal to provide 100% of Evidence Based Strategies, with no more than 20% being innovative or non-evidence based strategy. Currently only 78.5% of CUCC can be considered Evidence Based.

This deficiency has not been resolved and is continued in FY16; see Deficiency #2.

- 3) CUCC has not completed a Community Readiness Assessment since 2008. DSAMH will provide Technical Assistance as requested on this Assessment. In addition, it is recommended that CUCC adopt a formal process for their full community assessment. One process that is available is the Communities that Care model, as it outlines the Assessment process in detail. DSAMH is willing to provide Technical Assistance if needed.

CUCC attempted a Community Readiness Assessment. However it did not go as planned. The surveyors did not complete the assessment as requested.

This deficiency has not been resolved and is continued in FY16; see Deficiency #3.

- 4) After reviewing the submitted Logic Models, DSAMH has determined that CUCC isn't providing comprehensive community level prevention throughout the entire Local Substance Abuse Authority (LSAA) as required by the contract. This is evidenced by the fact that CUCC has not prioritized specific communities based upon a current assessment. The services should then reach a broader audience throughout all counties and communities in the LSAA.

CUCC is in the process of completing an assessment and prioritization of their communities.

This Deficiency is being resolved, see recommendations for additional information.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY15. CUCC continues to offer training to the communities, but no checks have been completed.
- 2) Per the Division Directives, it is a goal to provide 100% of Evidence Based Strategies, with no more than 20% being innovative or non-evidence based strategy. Currently only 78.5% of CUCC are considered Evidence Based.
- 3) CUCC has not completed a Community Readiness Assessment since 2008. DSAMH will provide Technical Assistance as requested on this Assessment. CUCC did attempt to do a Community Readiness Assessment, but it was not completed and no data is available.

FY16 Recommendations:

- 1) It is recommended that CUCC should continue efforts to strengthen collaboration with Law Enforcement Agencies, and families/individuals on coalitions. This may include coalition work or joint efforts, such as EASY, in the communities. The Regional Director is available to assist in identifying ways to improve/strengthen collaboration.
- 2) It is recommended that CUCC works on increasing readiness in Juab County. Readiness can be defined by participation in the Student Health and Risk Prevention survey, EASY checks, or additional coalition work in the county. Readiness can also be measured by a readiness assessment as noted previously.
- 3) It is recommended that CUCC analyze the data collected from their pre/post-tests, and utilize the data collected. It is also recommended that CUCC look at finding additional evaluated tools to collect pre/post data.

FY16 Division Comments:

- 1) CUCC submitted a Prevention Annual Report. This measured the progress on short and long term goals.
- 2) CUCC reports they have four coalitions.

- 3) CUCC has provided a Provider Training twice a year to address Prescription Drug misuse. This is one of a few areas that has maintained this strategy. Provider Training is helpful in reaching the prescribers within the communities.
- 4) CUCC's requests for Parenting Classes are increasing. CUCC is working with coalitions and communities to provide these services.
- 5) CUCC is working with the Local Health District and Intermountain Healthcare to complete an assessment of the counties. This will address the assessment deficiency.
- 6) CUCC has increased the capacity of their four coalitions. Members of the coalition and staff attended the Coalition Training last year. They also were able to send staff and coalition members to Fall Conference and the National Prevention Network.
- 7) CUCC Prevention reports that they are seen as a reliable and sought after resource throughout the LSAA. This is a positive change in the past year.

Substance Abuse Treatment

Shanel Long, Program Administrator and Heather Lewis, Access to Recovery Program Manager, conducted the substance use disorders treatment review of Central Utah Counseling Center on November 3rd, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and Drug Court requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with CUCC staff and a review of program schedules and other documentation. CUCC performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2015 Audit

FY15 Minor Non-compliance issues:

1) Data Findings:

- The FY14 Adult Consumer Satisfaction Survey shows that 8.2% of clients were surveyed over the past year, which does not meet Division Directives.
- The FY14 Youth (Family) Survey shows that 6.9% of clients were surveyed over the past year, which does not meet Division Directives.

These issues have been resolved.

FY15 Deficiencies:

- 1) While CUCC's initial assessments are appropriately focused on engagement rather than thoroughness, they are not being updated as new information is available. This fails to meet the requirements that assessments be ongoing and current. The Credible system has a simple and convenient option for clinicians to use to add updated assessment information, but it is not being used on a regular basis. The FY14 Division Directive states that for both SUD and MH records:

- "Assessment information is kept current.
- Clinicians gather comprehensive relevant assessment information based on the client's concerns in an ongoing manner as part of the treatment process."

This deficiency has been resolved.

- 2) The objectives in the treatment plan were not specific, measureable or achievable within a specific time frame. The objectives looked more like a statement rather than an objective (*Chart #'s: 1513, 80229, 80256, 80349, 2713, 80010*). The FY14 Division Directive states that for both SUD and MH records:

- "Short term goals/objectives are measureable, achievable and within a timeframe."

This deficiency has not been resolved and is continued in FY16, See Minor Non-compliance Issue #1.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance issues:

None

FY16 Significant Non-compliance issues:

None

FY16 Minor Non-compliance issues:

- 1) The objectives in the treatment plan were not specific, measureable or achievable within a specific time frame. The objectives looked more like a statement rather than an objective (*Chart #'s: 81952, 81767, 80333, 80791, 80441, 80635, 80554, 66336*). The FY15 Division Directives state that for both Substance Use Disorder (SUD) and Mental Health (MH) records: "Short term goals/objectives are measureable, achievable and within a timeframe."

Center's Response and Corrective Action Plan:

In January 2016 CUCC will be utilizing a new Treatment Plan format. All clients will be updating their current plan with their therapist to the new plan format. Training on this process was provided to all clinicians in December of 2015. This training included the development of objectives that meet the current needs of the client, updating these objectives and barriers as treatment progresses and issues arise in the life of the clients. Monitoring of this change will occur throughout the calendar year of 2016. All treatment plans will be updated by 03/31/16. Nathan Strait will be responsible to monitor this process.

- 2) From FY14 to FY15, the Substance Abuse Outcomes Measures Scorecard showed a *decrease in Criminal Justice Involvement* from 49.4% to 28.3% respectively.

Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their individuals who were involved in Criminal Activity from admission to discharge in the FY15 at a rate greater to or equal to 75% of the national average. Criminal Activity is defined as being arrested within the past 30 days.

Center's Response and Corrective Action Plan:

This is more likely an anomaly in the data. For the first 5 1/2 months of FY2016 CUCC has had 47 SA discharges. According to our data, only 3 of these have been involved in the Criminal Justice System through being arrested 1 month prior to discharge. This comes out to be 94% of CUCC clients discharged in this time period not being arrested prior to discharge.

CUCC will continue to monitor this along with its data submission to monitor for accuracy of the reports. CUCC should be considered in compliance as of 1/1/16. Richard Anderson will be the responsible for the monitoring of all data submissions.

- 3) While CUCC's initial assessments are appropriately focused on engagement rather than thoroughness, they are not being updated as new information is available. This fails to meet the requirements that assessments be ongoing and current. The Credible Electronic Health Record (EHR) system has a simple and convenient option for clinicians to use to add updated assessment information, but it is not being used on a regular basis. The FY15 Division Directive states that:

- "The assessment information is kept current.
- Clinicians gather comprehensive relevant assessment information based on the client's concerns in an ongoing manner as part of the treatment process."

Center's Response and Corrective Action Plan:

In January 2016 CUCC will be utilizing a new Treatment Plan format which will include a section for On-going Assessment information. As part of the change, CUCC will also be utilizing the WHODAS 2.0 to evaluate each client's current level of impairment. All clients will be updating their current plan and assessment with their therapist to the new plan format. Training on this process was provided to all clinicians in December of 2015. This training included the new assessment. Monitoring of this change will occur throughout the calendar year of 2016. All treatment plans will be updated by 03/31/16. Nathan Strait will be responsible to monitor this process.

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) *Documentation:* Active discharge planning with clients prior to episode completion would likely strengthen relapse prevention skills and provide a roadmap for continued abstinence and recovery. No planning was found in chart documentation and this is something CUCC should consider addressing.
- 2) *Clinical Supervision:* Clinical Supervisors should use the clinical supervision meeting to review clinical charts with supervisees and provide training on chart documentation. Suggested areas of focus for this year should include client engagement; on-going assessment, documenting all services and keeping treatment plans current.
- 3) *Direct Access Testing:* In a phone call made to the Richfield Office by a SUD Treatment Representative, the following information was reported by the front desk receptionist: (1) CUCC does not have a waiting list for treatment, but there is a two week wait to receive an assessment; (2) CUCC is primarily a Medicaid agency, so individuals that do not have

insurance or Medicaid are referred to an outside provider through the CUCC “Triage Team Representative.” (3) Pregnant Women are accepted into services within 48 hours. It is recommended that CUCC re-evaluate their admission process and work on accepting more individuals rather than referring them to outside providers through use of the following measures: (1) Sliding Fee Scale; (2) State General Funds (3) Federal SAPT Block Grant Funds; (4) Assisting clients in becoming Medicaid eligible (*if applicable*).

- 4) *Drug Court*: Current drug court clients expressed concern regarding fairness and favoritism being shown to participants depending on which therapist worked with them. Sanctions should follow a standardized Sanctions and Incentives Matrix and be based upon proximal and distal goals and behaviors.

FY16 Division Comments:

- 1) *Treatment Retention*: CUCC continues to maintain the highest rate of clients retained in treatment in the State from FY14 to FY15. The clients retained in treatment 60 or more days increased from 85.9% to 87.4% respectively.
- 2) *Residential Treatment*: CUCC has made great efforts to increase their residential options and have built additional housing units next to their main facility for easy access, this has created a more centralized and unified location.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Kyle Larson _____ Date _____
Administrative Services Director

Jeremy Christensen _____ Date _____
Assistant Director Mental Health

Brent Kelsey _____ Date _____
Assistant Director Substance Abuse

Doug Thomas _____ Date _____
Division Director